

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097856342**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.							100						
TOTAL DEP.							TOTAL IND.						
TOTAL CLAIMS							TOTAL DEP.						
							TOTAL CLAIMS						

BEST AVAILABLE COPY